

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/811,327
Filing Date	March 25, 2004
First Named Inventor	Hartenstein
Art Unit	2166
Examiner Name	Pham
Attorney Docket Number	12.02

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: \_\_\_\_\_

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

The invoice emailed 24 SEP 3008 not paid. Client promised to make payments in email NOV 5 2008.. Invoice and notice of allowance mailed 4 MAR 2009 acknowledged by email. Express Mail receipt evidencing mailing and the mailing address constitutes Exhibit A filed herewith. No payments received on either invoice.

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1.  I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2.  I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

See Exhibit B.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A.  The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B. <input checked="" type="checkbox"/> Inventor or Assignee name	Mark Hartenstein
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Address 601 Beacon Street

City Boise	State Idaho	Zip 83706	Country USA
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Telephone	none	Email emailoption@gmail.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/William R Bachand/
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Name	William R Bachand	Registration No. 34,980
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Address Bachand Law Office P.O. Box 54244

City Phoenix	State AZ	Zip 85078	Country USA
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Date	March 8, 2009	Telephone No. 602-326-6237
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*NOTE: Withdrawal is effective when approved rather than when received.*

[Page 2 of 2]

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

# Exhibit A

**EXPRESS  
MAIL**  
**UNITED STATES POSTAL SERVICE®**

**Customer Copy**  
Last 11-B. March 2002

**Post Office To Addressee**

**DELIVERY (POSTAL USE ONLY)**

Delivery Date: \_\_\_\_\_

**CUSTOMER USE ONLY**

PAYMENT BY ACCOUNT  
Business Mail Corporate Acct. No. \_\_\_\_\_

**WAIVER OF SIGNATURE** Delivery Mail Only  
Addressee must receive delivery and it  
customer requests waiver of signature.

With delivery to be made without obtaining signature  
of addressee or addressee's agent if delivery is delayed  
period that article can be left in secure location and I  
authorize post delivery employee to sign on my behalf  
valid period of delivery.

**NO DELIVERY**  
 Weekend  Holiday  Master Signature

**TO:** (PLEASE PRINT) PHONE: \_\_\_\_\_

**FOR PICKUP OR TRACKING**  
Visit [WWW.USPS.COM](http://WWW.USPS.COM)  
Call 1-800-222-1811

**FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.**

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12.02

**Exhibit B**

To Request For Withdrawal As Attorney And  
Change of Correspondence Address  
Mailed March 8, 2009

Appl. No: 10/811,327  
Filing Date: March 25, 2004  
Inventor: Hartenstein  
Art Unit: 2166  
Examiner: Pham  
Docket No.: 12.02

**Explanation of Certifications**

1. The client had notice of my plan to withdraw. I explained to the client in email dated October 21, 2008 (acknowledged by the client on the same day) that he must pay \$200 a month stating "If I do not receive your payments, I will ask the PTO to allow me to be dismissed as your attorney". On November 5, 2008, the client stated in email "I should be able to at least begin paying you \$200/month starting this month (November)." No payments were ever made.
2. I did not receive during representation any papers or property belonging to the client.
3. The client was notified of the issue fee due and the time frame within which he must respond. On March 4, 2009, a copy of the Notice of Allowance and Issue Fee Due was mailed by Express mail to the client with an invoice. The invoice included the issue fee to be paid. The Invoice stated that payment was due by March 6, 2009 by overnight mail. The following statements were made on the invoice in large bold font: "**All charges are due and payable on receipt of this invoice. There are NO extensions of time available for payment of the issue fee. If not paid, the patent application will be deemed ABANDONED by the USPTO as a matter of law.**"